Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For th	ie 2009 cal	endar year, or tax year beginning	and	ending		
В	Check if applicat	Please use IRS	C Name of organization			D Employer identific	cation number
Γ	Addr	ess label or	THE PHILANTHROPY RO	TRITOTIA RT.E			
Ė	Chan	e type	Doing Business As	UNDIADLE		13-2	943020
	Initia		Number and street (or P.O. box if mail	is not delivered to street address)	Room/suite		
Ē	Term	C	1150 17TH STREET NW	,	503	•	822~8333
Ē	Amer	nded tions	City or town, state or country, and 2	7IP + 4	<u>, </u>	G Gross receipts \$	6,498,915.
F	Appl		WASHINGTON, DC 200			H(a) Is this a group re	
_	tion pend		ne and address of principal officer:AD			for affiliates?	Yes X No
			E AS C ABOVE	AII METERDON		H(b) Are all affiliates inc	
	Tax 0		IS X 501(c) (3) ◀ (insert no)	4947(a)(1) or 527		⊣ ''	list. (see instructions)
			W.PHILANTHROPYROUND			H(c) Group exemptio	
				Association Other	I Von		State of legal domicile: DC
	art I			TOSOCIATION CHICAGO	L T Gai	or localization. 1999 in	M State of legal dofficile. DC
_	7 4	<u> </u>	scribe the organization's mission or mo	et eignificant activities TO A	CSTCT	DONORS IN A	CHIRVING
Governance	'		PHILANTHROPIC INTE				
nar			s box if the organization disc				
Ş	3		f voting members of the governing bod		osea oi moi	3	7
တိ	3		f independent voting members of the g	• • • • •		4	7
Activities &	4		ber of employees (Part V, line 2a)	overning body (Fart VI, line 10)	-	5	27
Ę.	5		, , , , , ,	۸		· F-	294
Ξ <u>Ξ</u>	6		ber of volunteers (estimate if necessary		•	. 6	6,600.
Ą	l la	_	s unrelated business revenue from Par			7 <u>a</u> 7b	-1,365.
	<u> </u>	Net unreis	ated business taxable income from Fori	n 990-1, line 34			
		Cambridge	and and areata (Dort VIII line 4h)		-	Prior Year 4,532,134.	Current Year 5,146,358.
9	8		ons and grants (Part VIII, line 1h)		-		
Revenue	3 %	-	service revenue (Part VIII, line 2g)			373,592.	369,835.
æ	10		nt income (Part VIII, column (A), lines 3,	•		142,838.	16,855.
6	: '.'		enue (Part VIII, column (A), lines 5, 6d, 8	·	· -	48,267.	15,867.
			nue - add lines 8 through 11 (must equ			5,096,831.	5,548,915.
1111	13		d similar amounts paid (Part IX, column		-	250,000.	250,000.
\bigcirc	14	,	oald to or for members (Part IX, column	,	-	1 005 177	2 152 060
EXPLANED EXPLANED	15		other compensation, employee benefits		· -	1,805,177.	2,152,068.
30	168		nal fundraising fees (Part IX, column (A)		on H		
	t		Iraising expenses (Part IX, column (D),		180.		
ري س	1 ''	· ·	enses (Part IX, column (A), lines 11a-11	•	·	2,559,839.	2,437,931.
אבופ			enses Add lines 13-17 (must equal Par	<u></u> -		4,615,016.	4,839,999.
- 3		Hevenue	less expenses Subtract line 18 from lin	IE 12 TO CONTE		481,815.	708,916.
Net Assets or					၂၇၂ 🍱	eginning of Current Year	End of Year
SSS	20		ets (Part X, line 16)) MAY 1 8 2010 -		6,551,477.	7,107,027.
et	21		lities (Part X, line 26)	•	\(\frac{1}{2} \right \right	283,725.	130,359.
			s or fund balances. Subtract line 21 fro ture Block		' = 	6,267,752.	6,976,668.
4	artii		the block hes of perjury, I declare that I have examined this re	OGDEN, UT	ind statements	and to the best of my knowled	ge and helief it is true, correct
		and comple	te Declaration of preparer other than officer) is base	ed on all information of which preparer has	any knowledg	e	ge and belief, it is tide, correct,
		1. K	(1)	-		ألاراحا	2210
Si	-	sh.	nature of officer	<u> </u>		Date 1 7	100
He	re	' - 5		Y33.TEG		Date 1	1
			DAM MEYERSON, PRESID e or print name and title	ENT		-	
		+		Date	- Ic	heck if Prepar	er's identifying number
Pa	id	Preparer's		5/14	ام ا	elf- (see in	er's identifying number structions)
Pre	eparer'	s signature	A VIVE AF	5/14	//0 e	mployed > []	
Us	e Only	yours if	THUS ON YTHEM	ON OMBREM CHART	1 1 5 0	EIN ►	
		self-employ address, an	d -	CY STREET, SUITE	720	51	02 000 5100
		ZIP + 4	ARLINGTON, VA 2			Phone no. ► 7	03-998-5100
			s this return with the preparer shown a				X Yes No
932	001 02	-04-10 LH	A For Privacy Act and Paperwork R	eauction Act Notice, see the s	eparate in	structions.	Form 990 (2009)

4,099,581.

4e Total program service expenses ►\$

Form 990 (2009) THE PHILANTHROPY ROUNDTABLE

Part IV | Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			_
3	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_		
_	· · · · · · · · · · · · · · · · · · ·	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			7.7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.		1	
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			`
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	,	,	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	· ·		_ _
	1c and 8a2 if "Vas " complete Schedule G. Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		- 41
.5	complete Schedule G, Part III	10		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		X
	Signification operate one of more nospitals: If Tes, complete oblicule fi		990 (

Form 990 (2009) THE PHILANTHROPY R
Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	l		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			7.7
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			 ₩
00	Schedule L, Part III	27		X
28	instructions for applicable filing thresholds, conditions, and exceptions):	£7.2		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
Ŭ	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	}	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			ŀ
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<u></u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	1		
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l _
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>
		Form	9907	2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 69 U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . 1h Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? X 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

b If "Yes," enter the amount of tax exempt interest received or accrued during the year

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body	7		
þ	Enter the number of voting members that are independent	7		j
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_X_
6	Does the organization have members or stockholders?	6		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the] :		
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	.;	٠.	
	by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u></u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	 		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		_X_
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1		
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	L
14	Does the organization have a written document retention and destruction policy?	14_	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	J		,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	,	**	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	,		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's]
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶DC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ncıal	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:		
	THE PHILANTHROPY ROUNDTABLE - 202-822-8333			
	1150 17TH STREET NW, SUITE 503, WASHINGTON, DC 20036			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co	ompensate an	у сц	ırren	t off	icer	, dire	cto	r, or trustee.		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per	ğ	į l					from	from related	other
	week	ale e				B.		the	organizations	compensation
		tee or	stee			nsat		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
		Itas	al tr		oyee	Ē.,		(44-2/1099-141130)		organization and related
		ndividual trustee or director	nstitutional trustee	Officer	em b	Highest compensated employee	를			organizations
		3	lis.	ŧ	ş	운동	훈			3
MIKE GREBE										
CHAIRMAN	3.00	X		X		<u> </u>		0.	0.	0.
HEATHER HIGGINS					[
VICE-CHAIRMAN	2.00	X		X		Ĺ	L	0.	0.	0.
KIMBERLY DENNIS		1								
SECRETARY	1.00	X		X				0.	0.	0.
CHESTER FINN			1							
TREASURER	2.00	X	<u> </u>	X				0.	0.	0.
ANA THOMPSON				į		İ	ŀ			
BOARD MEMBER	2.00	X	<u> </u>	<u> </u>		<u> </u>		0.	0.	0.
JEFF SANDEFER										
BOARD MEMBER	1.00	X	<u> </u>			<u> </u>		0.	0.	0.
DAN PETERS		ľ	ĺ	ļ	ļ	l	1		_	_
BOARD MEMBER	1.00	X	<u> </u>			<u> </u>		0.	0.	0.
ADAM MEYERSON				1						
PRESIDENT	40.00	ļ	<u> </u>	X	<u> </u>	╙	<u> </u>	253,000.	0.	50,288.
SHANNON TORONTO								1		
CHIEF OPERATING OFFICER	40.00	 	-	X	<u> </u>	\vdash	<u> </u>	166,000.	0.	28,022.
SUE SANTA	40.00							404 040		45 450
SENIOR VP OF PUBLIC POLI	40.00	-	├	Х	<u> </u>			194,342.	0.	15,458.
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		_		-	<u> </u>	-				
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Fai	Section A. Officers, Directors, Tru	stees, Key Er	npic	yee	s, a	nd i	ligh	est	Compensated Employ	ees (continued)				
	` (A)	(B)	(C)						(D)	(E)		(F)		
	Name and title	Average			Pos			t. A	Reportable	Reportable		Estima		
		hours per				Il that apply)			compensation from	compensation from related	a	amoun othe		
		week	Individual trustee or director			ļ			the	organizations	cor	mpens		on
	!		5 o d	ᆲ			sated		organization	(W-2/1099-MISC		from t		
			truste	institutional trustee		Unicer Key employee	Highest compensated employee	ية ا	(W-2/1099-MISC)		1	rganız		
			lg na	tution	, 22							nd rela ganiza		
			혈	last Table	Officer	\$	돌를	F			",	Jai IIZo	11101	13
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	Total	· · · · · · · · · · · · · · · · · · ·					<u> </u>		613,342.	<u> </u>	0.	93,	76	8.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wi	no r	eceived more than \$100	0,000 in reportable				-
	compensation from the organization											Yes	s 1	No
3	Did the organization list any former officer,	director or tru	etaa	. ko	v en	nnla	WAA	or t	nighaet companeatad a	mniovee on		+	+	-
3	line 1a? If "Yes," complete Schedule J for s			, KO	y Cii	iipio	yee,	0. 1	nighest compensated e	inployee on	3			X
4	For any individual listed on line 1a, is the su			amo	ens	atioi	n and	d ot	her compensation from	the organization	1.	1-	\top	==
	and related organizations greater than \$150			-					•		4	X		
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	an	y uni	elat	ted organization for sen	rices rendered to				
	the organization? If "Yes," complete Sched	lule J for such	pers	on						·	5			X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of comp	ensation	ı from		
	the organization							_						
	(A) Name and business	addrass							(B) Description of:	services	Comp	(C) sensat	ion	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			T 1	ATTAT		C TT	<u>. </u>	\dashv						
	NN STRATEGIES, 805 15T 0, WASHINGTON, DC 2000		1 1	N W	, '	3 I.	c.	- 1	LOBBYING/EDU TRATEGY	CATION/S	4	36,	ሰ 3	Q
0.5	J, WASHINGTON, DC 2000.	<u>. </u>							INAILGI			<u> </u>	0.5	<u>, , , , , , , , , , , , , , , , , , , </u>
								1	1					

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

Form 990 (2009) THE PHILANTHROPY ROUNDTABLE 13-2943020 Page 9 Part VIII Statement of Revenue (D)
Revenue
excluded from
tax under (C) (A) (B) Total revenue Related or Unrelated exempt function business sections 512, revenue revenue 513, or 514 1 a Federated campaigns Membership dues 1b c Fundraising events 10 Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and 5146358 similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 5146358 h Total. Add lines 1a-1f Business Code 2 a REGISTRATION FEES 541900 363,235. 363,235 541800 6,600. 6,600. f All other program service revenue 369,835. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 16,771. 16,771 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other 950084 assets other than inventory b Less: cost or other basis 950000 and sales expenses 84. c Gain or (loss) 84 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 15,867. 11 a MISC. INCOME 541900 15,867 d All other revenue 15,867. Total. Add lines 11a-11d 6,600. 32,722. 5548915. 363,235. Total revenue. See instructions.

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	ete column (A) but are	not required to comple	ete columns (B), (C), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	250,000.	250,000.	· · ·	
2	Grants and other assistance to individuals in			* ***	
	the U.S See Part IV, line 22			9	₹, '
3	Grants and other assistance to governments,			-	
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				in the state of
5	Compensation of current officers, directors,			1	
	trustees, and key employees	792,112.	618,474.	111,334.	62,304.
6	Compensation not included above, to disqualified	•			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,006,256.	723,454.	123,330.	159,472.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	86,970.	62,528.	10,659.	13,783.
9	Other employee benefits	153,740.	110,532.	18,843.	24,365.
10	Payroll taxes	112,990.	81,235.	13,848.	17,907.
11	Fees for services (non-employees)				
а	Management	9,245.	- · · · · · · · · · · · · · · · · · · ·	9,245.	
b	Legal	2,432.		2,432.	
С	Accounting	20,892.		20,892.	
d	Lobbying	297,300.	297,300.		
е	Professional fundraising services. See Part IV, line 17		">		
f	Investment management fees				
g	Other	683,029.	682,162.	867.	
12	Advertising and promotion				
13	Office expenses	443,721.	323,789.	96,686.	23,246.
14	Information technology	16,319.		16,319.	
15	Royalties				
16	Occupancy	207,587.		207,587.	
17	Travel	185,049.	184,267.	273.	509.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	379,585.	379,585.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,706.		30,706.	
23	Insurance .	11,320.		11,320.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	,			-
а	COTTONIO AND HONODARTA	79,582.	61,619.	11,638.	6,325.
b	OTHER EXPENSES	61,216.	35,485.	23,029.	2,702.
c	PERSONAL PROPERTY TAXES	9,198.	1,400.	7,798.	<u> </u>
d	AWARDS	750.		750.	
e	OVERHEAD ALLOCATION	0.	287,751.	-327,818.	40,067.
f	All other expenses	<u> </u>		527,010.	
25	Total functional expenses. Add lines 1 through 24f	4,839,999.	4,099,581.	389,738.	350,680.
26	Joint costs. Check here Inf following	2,000,000	2,000,001.	337733.	3337330.
_•	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
			L	·	

Pa	rt X	Balance Sheet		-	27-25020 Tage 11
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	384,826.	1	487,958.
	2	Savings and temporary cash investments	4,789,893.	2	5,667,751.
	3	Pledges and grants receivable, net	1,199,912.	3	893,000.
	4	Accounts receivable, net	93,861.	4	2,713.
	5	Receivables from current and former officers, directors, trustees, key	THE THE SPECIAL PROPERTY.	 m.:	
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		3.2 127	1
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	27,070.	9	20,578.
	10a	Land, buildings, and equipment, cost or other			
		basis. Complete Part VI of Schedule D 10a 197,727			
	b	Less: accumulated depreciation 10b 169,102	55,915.	10c	28,625.
	11	Investments - publicly traded securities		11	
	12	Investments · other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	1	6,402.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,551,477.	16	7,107,027.
	17	Accounts payable and accrued expenses	250,296.	17	124,138.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	* ************************************
ij	22	Payables to current and former officers, directors, trustees, key employees,		187	
Liabilities		highest compensated employees, and disqualified persons. Complete Part II of Schedule L	Salar Stan and	10 B.	
	00			22	
	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities. Complete Part X of Schedule D	33,429.	25	6,221.
	26	Total liabilities. Add lines 17 through 25	283,725.	26	130,359.
		Organizations that follow SFAS 117, check here		20	\$333
ģ	i	lines 27 through 29, and lines 33 and 34.			
ညိ	27	Unrestricted net assets	4,318,840.	27	5,164,540.
ala	28	Temporarily restricted net assets	1,948,912.	28	1,812,128.
g B	29	Permanently restricted net assets		29	
뒫		Organizations that do not follow SFAS 117, check here			17.6888
卢		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
155	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	6,267,752.	33	6,976,668.
	34	Total liabilities and net assets/fund balances	6,551,477.	34	7,107,027.

Form 990 (2009) THE PHILANTHROPY ROUNDTABLE 13-29	43020	Pa	ge 12
Part XI Financial Statements and Reporting			
•		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		, 5/18	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		inai.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			<u>ار ئے اور</u>
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	15.	1	1.53
consolidated basis, separate basis, or both.	77.00	.45%	
X Separate basis Consolidated basis Both consolidated and separate basis	1 m		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
	Form	990 (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public

Name of the organization

THE PHILANTHROPY ROUNDTABLE

Employer identification number

13-2943020

Pa	ŗţ,l	Reason f	or Public Char	ity Status (All organiz	ations mu	st complet	e this part	t) See inst	ructions.			
The	organ	ization is not a	private foundation	because it is: (For lines	through 1	11, check o	only one b	ox.)				
1				s, or association of chur								
2				70(b)(1)(A)(ii). (Attach Sc								
3				ital service organization	-		170(b)(1)	(A)(iii).				
4	而	•		operated in conjunction					(b)(1)(A)(ii	i), Enter th	ne hospital	's name,
•		city, and state	-			•				•	•	,
5		•		benefit of a college or ur	niversity ov	wned or op	erated by	a governi	nental unr	describe	d in	
_		_	b)(1)(A)(iv). (Compl		•	·	•	•				
6		•		ent or governmental uni	t described	d in sectio	n 170(b)(1	ιλ(Α)(ν).				
7	$\overline{\mathbf{x}}$		•	eives a substantial part				,	r from the	general p	ublic desc	nbed in
•		•)(1)(A)(vi). (Comple	•	oupp		9			30.10.L.p		
8		•		section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9	一	<u>-</u>		eives: (1) more than 33			om contri	butions m	embershi	n fees, and	d aross rec	eints from
Ū		•	•	nctions - subject to certa							•	•
			-	axable income (less sect	-	-	-			• •	_	
			509(a)(2). (Complete	•		,,	000000	.oquou D	, 1.10 0.ga	· incution u	itoi odiilo o	0, 1070.
10				perated exclusively to te	st for nubl	ic safety S	See sectio	n 509(a)(4	ı,			
11	戸	=		perated exclusively for the						out the r	วมเทกจอร ก	f one or
• •		•	-	ations described in secti		•				•	-	
				organization and compl				-,. 000 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 /(0 /). 0//(0/		
		a Type I	b _		Typ			tegrated		d 🔲	Type III · C	Other
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·			· · · · · · · · · · · · · · · · · · ·	than one or more publich						-		
f			•	tten determination from		•				/(α)(1) 01 3	collon 505	(α)(ε.).
•		_	ganization, check ti		ano mo ane	acicio a ry	pe i, Type	11, OI 19PC	, ,,,			
~			-	organization accepted ai	 ny oift or ci	ontribution	. from any	of the follo	Nuna ner	cone2		. 🗀
g		-		directly controls, either a			-		•			Yes No
		••	-	upported organization?	ione or tog	Culci will	porsons	zescribed i	ii (ii) ai ia (iii) below,	110(i)	165 140
				n described in (i) above?							11g(i)	
		• •		a person described in (i) (o?		•	• •		11g(ii)	
h				•			•	•	•		11g(iii)	l
h		Frovide the it	mowing mormation	about the supported or	gariization	(5).						
				(iii) Type of	(in) le the c		(v) Did vo	u notific the	(vi) Is	the		
(i)		of supported	(ii) EIN	organization	in col. (i) le	organization sted in your		tion in col.	lorganizatio	on in col. [(vii) Am	
	orga	anization		(described on lines 1-9		document?	, -	r support?	(i) organız U.S	ea in the	sup	port
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
				(000 monacono))	103	110	103	140	103	"		
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 THE PHILANTHROPY ROUNDTABLE 13-2943020 Page 2

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	2,734,940.	5,436,608.	3,972,362.	4,532,134.	5,146,348.	21,822,392,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						**
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,734,940.	5,436,608.	3,972,362.	4.532.134.	5,146,348.	21,822,392.
	The portion of total contributions						
	by each person (other than a		,				
	governmental unit or publicly	,	,		Ts		
	supported organization) included	,			•	-, ",	
	on line 1 that exceeds 2% of the					3	
	amount shown on line 11,				r	, ,	
	column (f)						2,891,276,
6	Public support. Subtract line 5 from line 4						18 931 116.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	2,734,940,	5,436,608.	3,972,362.	4,532,134.	5,146,348.	21,822,392,
8	Gross income from interest,		•				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	31,379.	76,001.	175,950.	142,838.	16,771.	442,939.
9	Net income from unrelated business	-				,	<u> </u>
	activities, whether or not the						
	business is regularly carned on	-100.			-445.	-1,365.	-1,910.
10	Other income. Do not include gain			-		•	
	or loss from the sale of capital						
	assets (Explain in Part IV.)	10,865.	19,026.	39,635.	48,267.	15,867.	133,660.
11	Total support. Add lines 7 through 10						22,397,081.
12	Gross receipts from related activities,	, etc (see instruction	ons)			12 1	,905,463.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio		
	organization, check this box and stop	p here		· · · · · · · · · · · · · · · · · · ·	·		<u>▶</u> □
Sec	ction C. Computation of Publ	lic Support Pe	rcentage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2009 (line 6, column (f) di	vided by line 11, o	column (f))		14	84.52 %
15	Public support percentage from 2008	3 Schedule A, Part	II, line 14	***		15	84.57 %
16a	33 1/3% support test - 2009. If the o	organization did not	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization	١ .			. ▶ [X]
b	33 1/3% support test - 2008. If the o	organization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation			. ▶□
17a	10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac			•	•	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2008. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets t	he "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-cire	cumstances" test	The organization of	qualifies as a publi	cly supported orga	anization .	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s . ▶∟
					Sche	edule A (Form 990	or 990-EZ) 2009

Schedule A	Form	990	or	990-F71	2009
OUTICATIO / L	1 01111	000	<u>v.</u>	000 EE ,	

Page 3

Pa	rt III Support Schedule for C	rganizations	Described in	Section 509(a)(2) (Complete only	ıf you checked the bo	x on line 9 of Part I.)
	tion A. Public Support	·					
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and			ļ			
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that			ľ			
	are not an unrelated trade or bus-						
	iness under section 513	-		-			
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			<u> </u>	 		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			-			
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k) Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b	· · · · · · · · · · · · · · · · · · ·	7 1 1 1 7 1 8 1 8 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1		1887 Oc. 1887 B	and the second	
	Public support (Subtract line 7c from line 6)	, 18,		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
	ction B. Total Support		T	T	· · · · · · · · · · · · · · · · · · ·		
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses		İ				
	acquired after June 30, 1975]		
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is					1	
	regularly carned on					ŀ	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization'	s first, second, the	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2009 (line 8, column (f) d	livided by line 13,	column (f))	-	15	%
16	Public support percentage from 2008	Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inve)			
17	Investment income percentage for 20	009 (line 10c, colu	mn (f) divided by l	ine 13, column (f))		17	%
18		•	• • • • • • • • • • • • • • • • • • • •			18	%
	a 33 1/3% support tests - 2009. If the	•		on line 14, and lin	ne 15 is more than	·	7 is not
	more than 33 1/3%, check this box a						
1	o 33 1/3% support tests - 2008. If the	·					and
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization		•				

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service To organizations exempt from moone tax order section to no no and section o

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered	"Yes.	" to Form 990	, Part IV	, line 5	(Prox	y Tax)	, then
------------------------------	-------	---------------	-----------	----------	-------	--------	--------

 Section 501(c)(4), (5), or (6) orga 	nizations Complete Part III.			
Name of organization			Empl	oyer identification number
	HILANTHROPY ROUNDT			13-2943020
Part I-A Complete if the	organization is exempt und	er section 501(c) or is a section 527 o	rganization.
1 Provide a description of the org	anization's direct and indirect politic	al campaign activities	s in Part IV.	
2 Political expenditures				
3 Volunteer hours .				
Part I-B Complete if the	organization is exempt und	ler section 501(c		
 Enter the amount of any excise 	tax incurred by the organization und	ier section 4955		
2 Enter the amount of any excise	tax incurred by organization manag	ers under section 495	55▶\$	
3 If the organization incurred a se	ection 4955 tax, did it file Form 4720	for this year?	• • •	Yes No
4a Was a correction made?				Yes No
b if "Yes," describe in Part IV		504/-		-1(0)
<u> </u>	organization is exempt und			
• .	nded by the filing organization for se	•		
-	rganization's funds contributed to ot	her organizations for		
exempt function activities			▶\$	
•	tures Add lines 1 and 2. Enter here a	and on Form 1120-PC		
line 17b			▶\$	
4 Did the filing organization file F	•			└ Yes
	d employer identification number (El	•	•	· · · · ·
•	ter the amount paid from the filing o delivered to a separate political orgi	•	•	
• • • •	eded, provide information in Part IV	amzanom, odom do d c	oparato oogrogatoa faria or t	2 pointour dottorr committee
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Name	(b) Address	(C) EIIV	filing organization's	contributions received and
	1		funds If none, enter -0	promptly and directly
				delivered to a separate political organization.
				If none, enter -0
			-	
	1		1	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 Part II-A Complete if the org	THE PHILAN'	THROPY ROUN	DTABLE n 501(c)(3) and fil	13-2 ed Form 5768	943020 Page 2
· (election under sec		•	(17,7)		
	tion belongs to an affili	ated group.	***		
. —	tion checked box A an	· ·	visions apply		
Limi	ts on Lobbying Expenditures" means amou	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (g	rass roots lobbying)	_	14,400.	
b Total lobbying expenditures to influ	uence a legislative bod	y (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)			14,400.	
d Other exempt purpose expenditure	es			4,817,634.	
e Total exempt purpose expenditure	s (add lines 1c and 1d)		4,832,034.	
f Lobbying nontaxable amount. Enter	er the amount from the	following table in both	n columns	391,602.	
If the amount on line 1e, column (a) o	or (b) is: The lobb	ying nontaxable amo	ount is:	*	p ~
Not over \$500,000	20% of t	he amount on line 1e.		4 1	<i>i</i>
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.	3 13 88	1, -1, -1
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		y #450 .
Over \$1,500,000 but not over \$17,	,000,000 \$225,00	O plus 5% of the exces	ss over \$1,500,000.		· 303607
Over \$17,000,000	\$1,000,0	000.		2005	
					*/ 8 ^m
g Grassroots nontaxable amount (er	nter 25% of line 1f)			97,901.	
h Subtract line 1g from line 1a If zer	o or less, enter -0			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If there is an amount other than ze	ro on either line 1h or l	ine 1i, did the organiza	ation file Form 4720	r	
reporting section 4911 tax for this	year? .	· · · · · · · · · · · · · · · · · · ·		. L	Yes No
	4-Year Ave zations that made a solumns below. See the		do not have to comp		
	Lobbying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	312,381.	342,440.	369,322.	391,602.	1,415,745.
b Lobbying ceiling amount (150% of line 2a, column(e))	[# (\$) ()	,			2,123,618.
c Total lobbying expenditures			65,715.	14,400.	80,115.
d Grassroots nontaxable amount	78,095.	85,610.	92,331.	97,901.	353,937.
e Grassroots celling amount	70,093.			17-18-20 20 10 A	333,337.
(150% of line 2d, column (e))					530,906.
(20, 00.0 (0))				-19-12 31	333,333.
f Grassroots lobbying expenditures	_		65,715.	14,400.	80,115.

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 THE PHILANTHROPY ROUNDTABLE 13-2943020 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)	<u> </u>		(b)	
	Yes	No	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or	11	.:	.,	1	
local legislation, including any attempt to influence public opinion on a legislative matter]				
or referendum, through the use of:					
a Volunteers?				Se trans	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities? If "Yes," describe in Part IV					
j Total. Add lines 1c through 1i					
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912	x r*				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			_		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or s	section		
501(c)(6).	<u> </u>			<u> </u>	
			Yes	N	
Were substantially all (90% or more) dues received nondeductible by members?		1	ł	l	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
Did the organization agree to carryover lobbying and political expenditures from the prior year? Fart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), section 501(c)(4).		3 5), or s	section	4	
art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."		3 5), or s ie 3 is	section	d	
Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members	rt III-A, lin	3 5), or s	section	d	
Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	rt III-A, lin	3 5), or s ie 3 is	section	d	
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Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ▶ Attach to Form 990. ▶ See separate instructions. Inspection Employer identification number Name of the organization

	THE PHILANTHROPY F	ROUNDTABLE	13-2943020
Par	I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
	Did the organization inform all grantees, donors, and donor		• • • • • • • • • • • • • • • • • • • •
	for charitable purposes and not for the benefit of the donor		
	mpermissible private benefit?	or definer advisor, or for any other purpose	Yes No
Par		rganization answered "Yes" to Form 990. F	
	Purpose(s) of conservation easements held by the organiza		artit, mor
•	Preservation of land for public use (e.g., recreation or		stoncally important land area
	Protection of natural habitat	· / _	tried historic structure
	Preservation of open space	i reservation of a cen	aned historic structure
•	Complete lines 2a through 2d if the organization held a qua	lifted concentation contribution in the form	of a concentation assembly on the last
2	-	illed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of concentation assembnts		
a	Total number of conservation easements		2a
D	Total acreage restricted by conservation easements	· · ·	. 2b
C	Number of conservation easements on a certified historic s		2c
a	Number of conservation easements included in (c) acquired	* * *	2d
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the	e organization during the tax
	year ►		
4	Number of states where property subject to conservation e		
5	Does the organization have a written policy regarding the p	- · ·	Yes No
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about a contract 170(h)(4)(D)(6)2	ove satisfy the requirements of section 170	
^	and section 170(h)(4)(B)(ii)?		• • — • • • • • • • • • • • • • • • • •
9	In Part XIV, describe how the organization reports conserva	•	
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describes	the organization's accounting for
Dar	conservation easements. t III Organizations Maintaining Collections	of Art Historical Treasures or C	Ather Similar Accets
1 41	Complete if the organization answered "Yes" to Forr		Aller Ollillar Assets.
	Complete ii the organization answered Tes to For	11 930, 1 21 11, 1116 0	
4	If the organization elected, as permitted under SFAS 116, r	est to report in its revenue statement and h	valence about wards of art. historical
ıa	treasures, or other similar assets held for public exhibition,	•	
		•	iblic service, provide, in Fait XIV, the text of
	the footnote to its financial statements that describes these		
D	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical ti		al gain, provide
	the following amounts required to be reported under SFAS	116 relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

		LANTHROPY :						<u> 2943020</u>	
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, c	or Oth	<u>er Similar As</u>	sets (conti	nued)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	it are a s	ignificant use of	its collection	n items
	(check all that apply):								
а	Public exhibition	d	ı 🔲 L	oan or exc	hange progra	ams			
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	n how the	v further th	he organizatı	on's exe	empt purpose in	Part XIV.	
5	During the year, did the organization solicit or			-					
Ū	to be sold to raise funds rather than to be ma						. 455515	Yes	☐ No
Par	t IV Escrow and Custodial Arrang					s" to For	m 990 Part IV		
	reported an amount on Form 990, Par		oto ii orga				000, 1 a.c., 1		
10	Is the organization an agent, trustee, custodia	-	tiany for c	ontribution	s or other as	eate no	Included		
ıa	on Form 990, Part X?	an or other intermed	Jiary IOI C	Ontribution	is of officer as	36(3110)	incidded	Yes	□ No
				. ماماد				Yes	L NO
b	If "Yes," explain the arrangement in Part XIV	and complete the to	phowing ta	ible:					
	5							Amount	
С	Beginning balance						1c		
d	Additions during the year		••			••	. 1d		
е	Distributions during the year	•					1e		
f	Ending balance						1f		
	Did the organization include an amount on Fo	orm 990, Part X, line	21?					L Yes	L No
	If "Yes," explain the arrangement in Part XIV								 _
Par	t V Endowment Funds. Complete if	the organization an	swered "	Yes" to Fo				·r	
	 	(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years b	ack (e) Four	years back
1a	Beginning of year balance .								
b	Contributions				-{∱ _x :		14		
С	Net investment earnings, gains, and losses				\$2		. , , , ,		
d	Grants or scholarships								
е	Other expenditures for facilities				1		' /2		in the second
	and programs				, ', '	* \$. * \$.	t Age	· · · ·	
f	Administrative expenses					Ţ,			
g	End of year balance					, ,	, ,		
2	Provide the estimated percentage of the year	r end balance held a	as:						
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
		 %							
	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	ind administe	ered for	the organization		
-	by:	outen or and organiz					o organization	ſ	Yes No
	(i) unrelated organizations							3a(i)	105 100
	(ii) related organizations				•	•	•	3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations		n Schedi	ıla R2			-	<u>3b</u>	
4	Describe in Part XIV the intended uses of the	•				•		. [30]	
	rt VI Investments - Land, Building				Part Y line	10			
		(a) Cost or o					an invitated	(d) Doo	
	Description of investment	basis (investr			or other (other)		ccumulated preciation	(d) Bool	k value
	Lord	Dasis (investi		Dasis	(Juliel)		preciation	ļ <u></u>	
	Land	<u> </u>				1803	• • • • • • • • • • • • • • • • • • • •		
	Buildings				16 045		F0 040		7 404
	Leasehold improvements				6,247.		58,843.	7	$\frac{7,404}{1,201}$
	Equipment			12	1,480.		<u>110,259.</u>	1	1,221.
	Other					L		<u> </u>	
<u>Total</u>	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	10(c))		<u> </u>	1 2	<u>8,625.</u>

Schedule D (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua t or end-of-year mar	
Financial denvatives				
Closely-held equity interests				
Other				
				<u> </u>
				
				
				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			, , .	,
Part VIII Investments - Program Related.	See Form 990, Part X, Inc.	e 13		
			(c) Method of valua	tion.
(a) Description of investment type	(b) Book value		t or end-of-year mar	
		-		
				
		_ _		
				
			-	
				 -
	_			
				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	<u>- L</u>	<u> </u>	····	
Part IX Other Assets. See Form 990, Part X, li				
(a) Description			(b) Book value
	· · · · · · · · · · · · · · · · · · ·			<u> </u>
		······································		
				
			-	
				-
				
				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15)		▶	<u> </u>
Part X Other Liabilities. See Form 990, Part	X, line 25.		·····	
1. (a) Description of liability		(b) Amount	i	
Federal income taxes			,	
DEFERRED RENT		6,221.	÷ ÷	
			1	. •
				•
	-		* * * * * * * * * * * * * * * * * * * *	
			•	
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25)	6,221.		
2. FIN 48 Footnote. In Part XIV, provide the text of the f			that reports the or	anization's liability for

THE PHILANTHROPY ROUNDTABLE

Schedule D (Form 990) 2009

13-2943020 Page 3

Sche	dule D (Form 990) 2009 THE PHILANTHROPY ROUNDTABLE		13-29430	20 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finance	cial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		48,915.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,8	39,999.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		08,916.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		<u></u> _
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4 through 8	9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	7	08,916.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Rever	nue per R	leturn	
1	Total revenue, gains, and other support per audited financial statements		1 5,5	48,915.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments 2a		1 1	
b	Donated services and use of facilities 2b]]	
С	Recoveries of prior year grants 2c]	
d	Other (Describe in Part XIV.)]	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1	·	3 5,5	48,915.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
· a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)		1 '3	
c	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			48,915.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per		
1	Total expenses and losses per audited financial statements			39,999.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
– a	Donated services and use of facilities 2a			
b	Pnor year adjustments		1 1	
	Other losses 2c		1.	
d	Other (Describe in Part XIV.)		1	
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1	••		39,999.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	• •	1/5	<u> </u>
٠,	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)		1. 34	
	Add lines 4a and 4b		4c	0.
5		••		39,999.
	rt XIV Supplemental Information	•	1.4.1.2.19	9.3.1.3.3.3.4
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa	rt IV. lines 1	Ib and 2b Part V	line 4: Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to pro			
	RT X - FIN 48 DISCLOSURE IN THE FINANCIAL STATEMENTS			
	TIN 10 DIDOUGDONG IN THE LIMITORIES DISCUSSION			
1,	2009, THE ORGANIZATION ADOPTED THE INCOME TAX STAND	ARD RE	EGARDING	
RE	COGNITION AND MEASUREMENT OF UNCERTAIN TAX PROVISION	S. THE	<u> </u>	
<u>IM</u>	PLEMENTATION OF THIS STANDARD HAS NO IMPACT ON THE C	RGANIZ	ZATION'S	
FI	NANCIAL STATEMENTS. THE ORGANIZATION'S INCOME TAX RE	TURNS	ARE SUBJ	ECT_TO
RE	VIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIE	S. THE	E ORGANIZ	ATION
<u>IS</u>	NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE I	TS TAX	K-EXEMPT	
ST	ATUS. THE TAX RETURNS FOR THE FISCAL YEARS ENDED 200	6 THRO	OUGH 2009	ARE

Schedule D (Form 990) 2009

Schedule	D (Fo	m 990) 2009 upplemental Int	THI	E PHILAN'	THROI	PY ROUI	NDTABLE		13-294	3020 Page 5
Part X	iv S	upplemental Int	formation	on (continued)						
OPEN	TО	EXAMINATIO	N BY	FEDERAL	AND	STATE	AUTHORTT	TES.		
<u> </u>		LIM MILLINIA V)11 <u> </u> 1	1 20 21 41 2						
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 -	·	·				<u>.,</u>				
										
			 							

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States 2009

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public Inspection

Schedule I (Form 990) 2009

THE PHILA	NTHROPY F	ROUNDTABLE					Employer Identification numb	
Part I General Information on Grants a					· · · · · · · · · · · · · · · · · · ·		20 27 20 02 (<u>^</u>
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	stance? ocedures for moni	toring the use of grant	funds in the Unite	d States.	·	·	Yes X	10
Part II Grants and Other Assistance to		-						_
recipient that received more than to address of organization or government	\$5,000. Check this (b) EIN	s box if no one recipier (c) IRC section if applicable	d) Amount of cash grant	(e) Amount of non-cash assistance	art IV and Schedule I- (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant	
DENVER POLICE FOUNDATION 1700 LINCOLN STREET, SUITE 4100	04 1510605	501/02/22	050.000					
DENVER CO 80203	84-1510625	501(C)(3)	250,000.	0.				_
					-			
 Enter total number of section 501(c)(3) a Enter total number of other organizations 	*	ganizations						<u>.</u>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE PHILANTHROPY ROUNDTABLE

Employer identification number 13-2943020

Pa	nrt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		-	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		• <	.
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	*	```	3 "
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	,	٠.	3,
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			3,
		÷	٠,	,
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	h	distance 1
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	<u> </u>		
-	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
		- -		4>
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's		-	7
Ť	CEO/Executive Director Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	ŀ		
	X Approval by the board or compensation committee			
	Table 1 of the organization of the organizatio	-	l	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	1	}	, ;
•	organization or a related organization:	,		
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	1		
	to any or miles 42 of not the persons and provide the applicable amounte for each term in a com-	1	2	165
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			. 1
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:];	- 1
а	The organization?	5a	~	X
	Any related organization?	5b		X
_	If "Yes" to line 5a or 5b, describe in Part III		l	<u> </u>
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1. 4		1 70
·	contingent on the net earnings of:			1 19.
a	The organization?	6a	X	r
b		6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	00		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	-		لسميت
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		_x
٥	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		-4x
8	initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		1	y
0		8	 -	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	223,000.	30,000.		33,450.	16,838.	303,288.	
ADAM MEYERSON	(iı)	146 000	00.000		01 000	6 100	104 000	
SHANNON TORONTO	(i) (ii)	146,000.	20,000.		21,900.	6,122.	194,022.	
SUE SANTA	(i) (ii)	194,342.			10,000.	5,458.	209,800.	· · · · · · · · · · · · · · · · · · ·
	(i)							
	(ii) (i)							
	(ii) (i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(ii) (i)							
	(ii) (i)		<u></u>					
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i) (ii)							

Schedule J (Form 990) 2009 THE PHILANTHROPY ROUNDTABLE	13-2943020	Page 3
Part III Supplemental Information		
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this pa	art for any additional information.	•
		.
PART I, LINE 6: THE ORGANIZATION PROVIDED STAFF BONUSES IN 2009 BASED ON		
ORGANIZATIONAL PERFORMANCE MEASURES WHICH INCLUDED PROGRAMMATIC		
ACHIEVEMENTS AND FINANCIAL HEALTH.		
		· · · · ·
	F	

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number THE PHILANTHROPY ROUNDTABLE 13-2943020 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPPORTUNITY, AND PERSONAL RESPONSIBILITY IN AMERICA AND ABROAD. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ABROAD. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PHILANTHROPY: TO PRODUCE A MAGAZINE WHICH FOCUSES ON BROAD STRATEGIC OUESTIONS OF PHILANTHROPIC GIVING AND IS DISTRIBUTED TO MORE THAN 4,000 INDIVIDUALS. EXPENSES \$ 324965. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6600. OTHER PUBLICATIONS: TO PROVIDE PUBLICATIONS THAT ARE ON TOPICS OF INTEREST WITHIN THE PHILANTHROPIC COMMUNITY. THEY HELP DONORS ACHIEVE PHILANTHROPIC EXCELLENCE, INCLUDING IN-DEPTH EXAMINATION OF THE PRINCIPLED AND PRACTICAL ASPECTS OF INTELLIGENT CHARITABLE GIVING. EXPENSES \$ 118866. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. MEMBER SERVICES: TO PROVIDE ONE-ON-ONE CONSULTATION OF GOVERNANCE ISSUES AND BEST PRACTICES IN CHARITABLE GIVING. EXPENSES \$ 219169. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 1: FINANCE COMMITTEE CONSISTS OF THREE BOARD MEMBERS. IT REVIEWS BUDGETS AND AUDITED FINANCIAL STATEMENTS, AND ENSURES COMPLIANCE WITH THE INVESTMENT POLICY AMONG OTHER ASSIGNMENTS.

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990. Department of the Treasury

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

THE PHILANTHROPY ROUNDTABLE	13-2943020
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PR	
OUTSIDE ACCOUNTING FIRM. MANAGEMENT REVIEWS THE DRAFT RET	URN PRIOR TO THE
FILING WITH THE INTERNAL REVENUE SERVICES.	
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND	STAFF REVIEW AND
SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD DETERMI	NES THE
COMPENSATION OF THE PRESIDENT ANNUALLY USING FORM 990 OF	OTHER SIMILAR
ORGANIZATIONS. THIS PROCESS WAS LAST PERFORMED IN 2009.	THE BOARD ALSO
REVIEWS THE COMPENSATION FOR THE CHIEF OPERATING OFFICER	AND SENIOR VICE
PRESIDENT OF PUBLIC POLICY.	
FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMEN	TS ARE MADE
AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 2C:	
THE OVERSIGHT PROCESS AND SELECTION PROCESS HAVE NOT CHAN	IGED.